

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 12 1944  
Registration District No. 5206

Primary Registration District No. 6105

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Scottland  
(b) City or town Bible Grove  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: not placed in  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sallie Bradley  
3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Thos Bradley 6. (c) Age of husband or wife if alive, years 18  
7. Birth date of deceased Dec 16 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 13 If less than one day hr. .... min. ....

9. Birthplace Scottland Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired House wife

11. Industry or business

12. Name Jacob Duwall  
13. Birthplace Ky (City, town, or county) (State or foreign country)  
14. Maiden name Petta Luten Leach  
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant W. B. Bradley

(b) Address Memphis Mo

17. (a) Burial Memphis Mo (b) Date thereof May 31-44 (Day) (Year)

(c) Place: burial or cremation Bible Grove

18. (a) Signature of funeral director W. B. Bradley

(b) Address Memphis Mo

19. (a) June 5-1944 (b) Bernice Nelson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scottland  
(c) City or town Bible Grove  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 12 1944 to May 29 1944 that I last saw her alive on May 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid flexure of colon

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 462

Major findings: Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (c) Means of injury .....

23. Signature E. E. Symmonds (M. D. or other) DO

Address Memphis Mo Date signed June 5 1944

RECEIVED

District Health Officer No. 10

District File Number 6-44-1129

Date Filed JUN 9 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Fred G. Smith*

Licensed Embalmer No. 4256

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.